Department of Managed Health Care

Online Multiple Complaint Form Instructions

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Provider Complaint System

I.   Access Department web-site

To submit a Provider Complaint, the user must access the Department's web-site located at www.dmhc.ca.gov. Under the "What's New" section, click on the provider complaint system link, which takes the user to the Department of Managed Health Care's Provider Complaints web-page. Click the To Submit a Complaint link.

This takes the user to the Provider Complaint System Login web-page. (The user can also access the Provider Complaint System Login web-page by going to www.dmhc.ca.gov, clicking on the Information for Plan and Providers link located on the left side of the web-page, scrolling down to the Payment Difficulties section and clicking the File a Provider Complaint link.) To log into the system, the user must have an account. If the user does not have an account, click on the Create a New Account link and follow the instructions under section II, Create a New Provider Account, below. If the user already has an account, follow the instructions under section III, Provider Complaint System, below.

II.   Create a New Provider Account

A.   Create the Account

After the Create a New Account link is selected, the user will be taken to the Provider Complaint System web-page.

Fill in the requested information.

Contact Information
Enter the first and last name, phone number and fax number of the individual to be contacted in regard to the provider complaint being submitted.

Login Information
Enter the email address and password of the individual to be contacted in regard to the provider complaint being submitted.

All correspondence from the Department will be sent to this e-mail address.

Click the "Create an Account" button after all of the above requested information is provided.

B. Confirmation and Verification.

The verification process is necessary for web-portal privacy. This process must be completed before the user can access the created account.

After the "Create an Account" button is pressed, a Confirmation page appears with instructions on how to proceed in regards to the verification process. The instructions are also e-mailed to the submitted e-mail address along with the 13 digit Verification Number.

To complete the Verification process, go to the Provider Complaint System Login web page. This page can be accessed by clicking on the Login Page link on the e-mailed confirmation or by clicking the Submit a Complaint link on the Department of Managed Health Care's Provider Complaints web page.

Enter the Login/E-mail address and password used to create the provider account. Press the Login button. This will take the user to the Provider Complaint System Login – Verification web-page. Now enter the 13-digit verification number from the e-mailed confirmation. This may be manually entered into the Verification Number box, or you can highlight the number and copy it from the e-mailed confirmation, then paste into the Verification Number box. Then, press the Submit button.

A new provider account has been successfully completed! The next web-page that will appear is titled Provider Complaint System.

III. Provider Complaint System

A. Login.

After a Provider Account is created, the Provider Complaint System can be accessed by going to the Provider Complaint System Login page, which can be accessed by clicking the <u>Submit a Complaint</u> link on the Department of Managed Health Care's Provider Complaints web page. This leads to the Provider Complaint System Login web-page. To login, enter the Login/E-mail address and password used to create the provider account. Press the Login button. This leads to the Provider Complaint System web-page.

If the user has forgotten his/her password, click the <u>Password Reminder</u> link located on the Provider Complaint System Login web-page. Enter the email/login address. Click the "Submit" button. Once the password reminder request is received, the Provider Complaint Unit will telephone the provider's contact with the password.

B. Provider Complaint System web-page.

From this web-page, the user may select from a list of five (5) options:

1. Submit a Complaint:
     - <u>Individual complaints</u>
     - <u>Multiple like complaints</u>
2. <u>View Complaint Status</u>
3. <u>Contact Information</u>
4. <u>Frequently Asked Questions</u>
5. <u>Logout</u>

C. Submit a Multiple like Complaint.

If the <u>Multiple like complaints</u> link is selected, the user will be taken to the Provider Multiple Complaint Form web-page, which contains requirements and instructions for submitting a multiple complaint. To proceed, the user should answer the question "Did you submit a written appeal to the health plan's and/or the RBO/Capitated Provider's dispute resolution process" and press the "Create Multiple

Complaint" button. This leads to the Provider Complaint Details web-page.

1.   Provider Complaint Details

This web-page gives details regarding the complaint the user is submitting, including the multiple complaint number, date created, date completed, status, contact, phone and fax number, and e-mail address. From this web-page, the user is required to submit information regarding the following:

   a. Provider
   b. Payor
   c. Common Info
   d. Nature of Complaint
   e. Attempts to Resolve
   f. Claims
   g. Complete

To submit information, click on the section heading and you will be taken to the corresponding web-page.   **After the user enters the requested information under an individual section heading, the user must press the SAVE button. This must be done before selecting another section. Otherwise, the information entered will be lost.**

Fields that are marked with an asterisk are required.

2.   Provider

Click the Provider link. On this web page, the user is to submit information about the provider's practice. After the information is entered, press the **SAVE** button before moving to another section.

3. Payor

    Click the Payor link. On this web page, the user is to
    submit information about the Health Plan. Also, if the
    responsible payor is an RBO/Capitated Provider, then the
    user is to provide information regarding that organization
    as well. After the information is entered, press the
    SAVE button before moving to another section.

4. Common Info.

    Click the Common Info link. On this web page, the user
    is to submit information that is the same for all claims in
    the group. Multiple like complaints are made up of any
    number of similar individual claims.

    After the information is entered, press the **SAVE** button
    before moving to another section.

5. Nature of Complaint

    Click the Nature of Complaint link. On this web page,
    the user is to submit information regarding the nature of
    the complaint. It consists of five (5) topic headings:

    i. Claims Payment and Processing
    ii. Request for Unnecessary Documentation
    iii. Contract Terms and Amendments; and
    Required Disclosures
    iv. Overpayment Collection Activities
    v. Dispute Resolution Mechanism Difficulties

    Click on each topic heading to reveal the individual
    complaint items corresponding to the topic heading.
    Each complaint item has a corresponding box. To select
    a particular item, click on the box. There is no limit to
    the number of complaint items that may be selected,
    however the items must be the same for each claim in the
    group.

After selecting all of the complaint items that apply, press the **SAVE** button before moving to another section.

6.   Attempts to Resolve

Click on the Attempts to Resolve link. On this web page, the user is to submit information regarding the attempts the provider made to resolve the dispute. The requested information includes contact names, phone numbers and e-mail addresses regarding the dispute process. This may be different than the general contact information supplied under the Payor section of the form.

Payors (both Health Plans and Risk Bearing Organization/Capitated Providers) are required to have a dispute resolution process available for providers. Before the provider can file a complaint with this Department, the provider is required to submit the dispute to the payor's Dispute Resolution process for a minimum of 60 calendar days or until receipt of the payor's written determination, whichever period is shorter.

After the information is entered, press the **SAVE** button before moving to another section.

7.   Claims

Click on the Claims link. On this web page, the user is to submit the requested individual claim identifiers for each claim submitted for review. The Department will not consider any claim for review without this information. It is the provider's choice how many individual claims are filed in support of a multiple complaint.

8.   Complete

After the user has provided the requested information, the user must press the Complete link to submit the complaint. Once the link is pressed, the user will be

taken to the Complete the Multiple Complaint web-page. The user will have successfully completed the complaint form. To submit the complaint, the user must press the Submit Complaint button.

If the user failed to complete a section or completed the section but failed to press the Save button before moving to the next section, the user will be so notified when the Complete link is pressed. The user may then go back to the incomplete section, supply the requested information, press the Save button, then press the Complete link.

If the user failed to utilize the dispute resolution process, the user will again be notified of this requirement when the Submit Complaint button is pressed. Using the payor's dispute resolution process is a prerequisite to submitting a Provider Complaint to this Department.

9.   Confirmation

Once the Submit Complaint button is pressed, the user will be taken to the View Complaint Status/Confirmation web page. This page provides certain details regarding the submitted complaint and identifies the documents the Department needs to proceed with its review. Instructions are also provided for the submission of the documents, including the mailing address.

A confirmation e-mail is also sent to the user. This e-mail contains the same information that is provided on the View Complaint Status/Confirmation web-page.

D.   View Complaint Status

If the View Complaint Status link is selected, the user will be taken to the View Complaint Status web-page. From this web-page, the user will be able to review the status of each complaint submitted by the user. If the user clicks on the Details link, the user can view the complaint form in its entirety.

E.   Contact Information

If the Contact Information link is selected, the user will be taken to the Contact information web-page. From this web-page, the user will be able to update the user's contact information, provide additional e-mail addresses, and change password and e-mail/login information. Once the additional e-mail addresses is added, it will receive the same e-mails from the Department as the primary e-mail address. It will not receive e-mails that were previously sent to the primary e-mail address.

This web-page contains four (4) headings. The user can click on the appropriate heading to supply the additional information. The headings are:

      1.   Additional Email Addresses
      2.   Contact Information
      3.   Change Password
      4.   Change\Login Information

F.   Frequently Asked Questions

If the Frequently Asked Questions link is selected, the user will be taken to the Frequently Asked Questions web-page.

G.   Logout

If the Logout link is selected, the user will be logged out of the Provider Compliant System and will be taken back to the Provider Login page. Also, if the user is inactive for 20 minutes, the user will be logged out of the system and any unsaved data will be lost.